



PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	METHOD FOR ISOLATING IN VITRO DIFFERENTIATED SOMATIC CELLS							
Fill in Appropriate Information -	the specification of which is attached hereto. If not attached hereto, the specification was filed on							
For Use Without Specification	United States Applie	ation Number	-		(if applicable	; ) and/or		
Attached:	the specification was	filed on Marc	h 26, 2001			_as PCT		
	International Application Number <u>PCT/EP01/03412</u> amended on					(if applicable)		
Insert Priority Internation: (If a light propriate)	I hereby state that I amended by any amendor I acknowledge the Regulations, §1.56. I do not know and dithereof, or patented or dyear prior to this application, date of this application representative or assigns patent or inventor's certifapplication by me or my	have reviewed nent referred to duty to discles o not believe to escribed in an tion, that the that the inven- in any count more than two regal represent on priority be- ited below and the application ion(s)	I and understand the co p above. use information which i the same was ever know, y printed publication in same was not in publica- tion has not been patent ry foreign to the Uniter- relve months (six month nvention has been filed tatives or assigns, except coffs under Title 35. Un I have also identified be	ntents of the above-identified sometimes and the United States of any country before my or our use or on sale in the United States of or made the subject of an ind States of America on an apis for designs) prior to this application for the United States Code, \$119(a)-(d) of own any foreign application for paimed:  March 24, 2000 (Month/Day/Year Filed)	pecification, including lefined in Title 37, Co America before my or invention thereof or n ates of America more liventor's certificate issupplication filed by me flication, and that no a mited States of Americany foreign application patent or inventor's certification.	the claims, as de of Federal our invention nore than one than one year ted before the or my legal pplication for a prior to this n(s) for patent ificate having		
<u>.</u> @	(Number)	(Country)		(Month/Day/Year Filed)	Yes	No		
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neug.	(Number)	(Country)		(Month/Day/Year Filed)	Yes	No		
	(Number)	(Country)		(Month/Day/Year Filed)	 Yes	∐ No		
	,	•	i, United States Code, §1	19(c) of any United States provi	sional applications(s) li	sted below.		
Insert Provisional Application(5): (if any)	(Application Number)			(Filing Date)				
	(Application Number) (Filing Date)							
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:							
	Country		Application Number	Date of Filing	(Month/Day/Year)			
Insert Requested Information: (if appropriate)								
	insofar as the subject mapplication in the marine	atter of each of provided by each to the pa	of the claims of this at the first paragraph of Ti tentability as defined in	20 of any United States and/or oplication is not disclosed in t tle 35, United States Code, §11. Title 37, Code of Federal Regul or PCT international filing date	ne prior Office States 2, 1 acknowledge the di ations, §1.36 which bec	ity to disclose		
Insert Prior U.S. Application(s): (if any)	(Application Number)		(Filing Date)	(Status - pater	ted, pending, abandon	ed)		
Page 1 of 2	(Application Number)		(Filing Date)	(Status - pater	ited, pending, abandon	ed)		

Attorney Doc

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

## BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 2292

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole Inventur: Insert Name of Inventor Insert Date This I — Insert Date This I — Document is Signed	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	9	7-2-200Z				
Insert Dale This Document is Signed	Wolfgang M. FRANZ	Mall -11-1	me!					
Insert Residence	Residence (City, State & Country)	/ " / /	CITIZENSHII	13				
Insert Citizenship	Wessling, GERMANY DEX		GERMAN					
Insen Pou Office Address	MAILING ADDRESS (Complete Street Address	including City, State & Country)	<del>-</del> :	- 9				
<u> </u>	Gautinger Str. 15 82234 Wessling, GERMANY							
PolitiName of Second Proventor, if any, total secubose	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)		CITIZENSHIP	2				
The state of the s	MAILING ADDRESS (Complete Street Address including City, State & Country)							
Figure Name of Third Figure once, it any: Figure secubore	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)	\	CITIZENSHIF	2				
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Full Name of Fourth Inventor, if any see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)		CITIZENSHIF	>				
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
Full Name of Fifth Inventor, if any: Me above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)		CITIZENSHIP	,				
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
Full Name of Sixth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)	<u> </u>	CITIZENSHIP	,				
	MAILING ADDRESS (Complete Street Address including City, State & Country)							